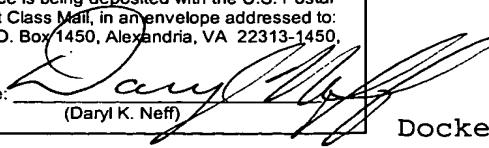




I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: MS AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: April 26, 2004

Signature: 

(Daryl K. Neff)

EXPEDITED PROCEDURE

Group Art Unit: 2111

Docket No.: SONYJP 3.0-152

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:	:
Okawa et al.	:
Application No.: 09/827,841	: Group Art Unit: 2111
Filed: April 6, 2001	: Examiner: K. N. Dang
For: ELECTRONIC EQUIPMENT AND METHOD FOR PROCESSING DIGITAL SERIAL DATA AT BUS INITIALIZATION PHASE IN INTERFACE UNIT	: : : : : : : :

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APR 30 2004
Technology Center 2100

REQUEST FOR RECONSIDERATION UNDER 37 CFR §1.116

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action dated February 24, 2004, finally rejecting claims 6-24, reconsideration is respectfully requested in view of the following remarks:



AF
2111

AMENDMENT TRANSMITTAL LETTER

Expedited Procedure

Application No. 09/827,841	Filing Date April 6, 2001	Examiner K. N. Dang	Group Art Unit 2111
Applicant(s): Sumihiro Okawa and Kiyoshi Miura		Docket No. SONYJP 3.0-152	

Invention: ELECTRONIC EQUIPMENT AND METHOD FOR PROCESSING DIGITAL SERIAL DATA
AT BUSINITIALIZATION PHASE IN INTERFACE UNIT

TO THE COMMISSIONER FOR PATENTS

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

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APR 3 0 2004

CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	Technology Center 2100
Total Claims	19	- 20 =		x	0.00
Independent Claims	3	- 3 =		x	0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify):					
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					0.00

Large Entity

Small Entity

No additional fee is required for this amendment.

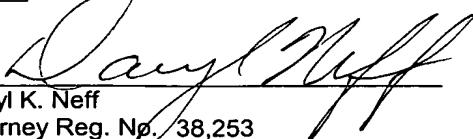
Please charge Deposit Account No. _____ in the amount of _____.
A duplicate copy of this sheet is enclosed.

A check in the amount of \$ _____ to cover the filing fee is enclosed.

The Commissioner is hereby authorized to charge and credit Deposit Account No. 12-1095
as described below. A duplicate copy of this sheet is enclosed.

Credit any overpayment.

Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.


Daryl K. Neff
Attorney Reg. No. 38,253

Dated: April 26, 2004

LERNER, DAVID, LITTENBERG, KRUMHOLZ & MENTLIK, LLP
600 South Avenue West
Westfield, New Jersey 07090
(908) 518-6396

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